2005 Statewide Medical & Health Disaster Exercise

Operational Area
EXERCISE TOOLKIT

State of California
Emergency Medical Services Authority

NOVEMBER 17, 2005

Executive Summary

Dear Exercise Participant:

It is time again for the Statewide Medical & Health Disaster Exercise! This is California's Seventh annual exercise incorporating hospitals and ancillary healthcare providers, including long-term care facilities and clinics, pre-hospital care providers, auxiliary communication networks, blood banks, and local and regional governmental agencies.

Previously, the exercise has focused on "man-made" disasters that confront emergency managers and the healthcare community. In 2003 and 2004, the exercises focused on biological terrorism events: Yersinia pestis (plague) and botulinum toxin, respectively. This year, the Exercise Planning Committee has designed the scenario to build on the issues and challenges that would confront the State should terrorists detonate a series of improvised explosive devices (IEDs) that cause numerous casualties. The focus will be on surge capacity, locating and/or allocating scarce resources, coordination with law enforcement, building security and implementation of emergency management plans. This exercise meets the requirements of the Health Resources and Services Administration (HRSA) and Centers for Disease Control and Prevention (CDC) grant requirements to conduct bioterrorism exercises.

The Operational Area (county) Exercise Contact is your point of contact for planning, questions and organization for the exercise. We encourage you to contact the Operational Area Exercise Contact early in the planning process to assist you in the execution of the 2005 exercise. Please see PAGE 33 of this guidebook for the listing of Exercise Contacts. To assist the Operational Area (OA) Exercise Contacts in planning and executing the exercise, there will be two planning conferences convened by the Emergency Medical Services Authority. The dates of the planning conferences will be announced in August.

2005 Statewide Medical and Health Disaster Exercise
Emergency Medical Services Authority
November 17, 2005
Exercise Contact Toolkit

Important Timelines and Deadlines

August 26, 2005	Deadline to fax Intent to Participate Form (PAGE 21 of Guidebook) to the Op Area Medical/Health Exercise Contact (see list of contacts on PAGE 33).
September 9, 2005	Deadline for Operational Area Exercise Contacts to fax the OA Intent to Participate form to the Regional Disaster Medical/Health Specialist
September 27, 2005	Disaster BootCamp, Commerce
September 28, 2005	Disaster Conference, Commerce
September 29, 2005	Disaster Conference, Temecula
October 17, 2005	Disaster BootCamp, San Ramon
October 18, 2005	Disaster Conference, San Ramon
November 17, 2005	**The exercise will be conducted from 8:00 am until 12:00 pm.**
December 9, 2005	Deadline to complete the appropriate provider-specific Exercise Evaluation to EMSA to receive a participation certificate. **Only on-line evaluations will be accepted**. Instructions for online access will be provided on the EMSA website (www.emsa.ca.gov) at a later date.

Thank you for your commitment to disaster medical planning and preparedness.
We look forward to hearing about your successful exercise!

Exercise Contact Toolkit

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NOTE: This Guide has been formatted to accommodate double-sided printing

The following materials are offered to assist you in your preparation for, and execution of, the exercise.

Pre-Exercise Checklist

Preparing the Materials

Compile, at a minimum, the following materials:

- ❑ 2005 Statewide Medical & Health Disaster Exercise Guidebook for November 17, 2005 from the Emergency Medical Services Authority, focusing on the following documents:
  - o Exercise Objectives (Exercise Guidebook, page 5)
  - o Background Scenario for Exercise (Exercise Guidebook page 9)
  - o Exercise Day Scenario (Exercise Guidebook, page 9)
  - o Intent to Participate Forms (Exercise Guidebook, page 21)
  - o Conducting the Exercise: Tips for Hospitals (Exercise Guidebook, page 41)

  Note: The Exercise Guidebook may be printed via EMSA's website: www.emsa.ca.gov or contact Anne Bybee via email at anne.bybee@emsa.ca.gov.

- ❑ Messages developed from the scenario to provide to the participants within the Emergency Operations Center (EOC) and messages for the Auxiliary Communications System groups within your OA.
- ❑ A list of key contact information for participants and government organizations.
- ❑ Critique forms developed by your organization and the "Hotwash/Debriefing Form" in this Exercise Contact Toolkit, (page 29).

Coordination with Other Organizations

The 2005 exercise focuses on the medical and health system as it responds to a terrorist-detonated improvised explosive devices (IEDs). The background scenario sets the stage of events leading up to the exercise. The medical and health system must respond to an overwhelming influx of patients and shortages of resources including staffing, supplies, equipment and blood products. The scenario is designed to facilitate relationship building between medical/health facilities and the governmental organizations responsible for assisting in the location and supply of necessary resources.

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Recommended Primary Contacts and Participants in the Operational Area

1. Each Exercise Contact is strongly encouraged to coordinate with the following entities within the operational area no later than September 23, 2005 to ascertain their participation in the exercise:
   - ❑ Hospitals and clinics
   - ❑ Ancillary healthcare facilities (skilled nursing facilities, other care facilities)
   - ❑ Ambulance Providers and Emergency Medical Services
   - ❑ Local Public Health Department
   - ❑ Local Emergency Medical Services Agency
   - ❑ Local Office of Emergency Services
   - ❑ Auxiliary Communications System (ACS) providers
   - ❑ Medical and Health Operational Area Coordinator (MHOAC)

2. Each entity participating in the exercise is encouraged to designate a representative to liaison with the Exercise Contact and attend meetings in preparation for the exercise.

3. The Exercise Contact is encouraged to conduct at least two (2) pre-exercise, preparatory meetings with the participants within your Operational Area (OA) to:
   - ❑ Determine level and scope of agency and OA participation and collaborate on the development of community specific scenario events based on the statewide scenario.
   - ❑ Provide participants with phone numbers to reach the Exercise Contact on the day of the exercise, as well as relevant fax and e-mail addresses.
   - ❑ Inform participants of potential conflicts or competing activities that may occur that day.
   - ❑ Communicate procedures to terminate the exercise both within the OA and within each participating entity, should an actual emergency occur during the exercise. Many agencies use the term "time out" to stop exercise play.
   - ❑ Identify where and how information is to be communicated within participating organizations during the exercise, and how it is to be marked, e.g., "This is a Test," "This is a Drill," or "This is an Exercise."
   - ❑ Identify the person (or agency) that will enter information into RIMS during the exercise.
   - ❑ Invite other participating agencies, departments or organizations to briefings or training for the exercise.
   - ❑ Contact and update other agencies, departments or organizations about any last-minute changes in participation or communications.
   - ❑ Assist the participants in finding community volunteers to participate in the exercise to increase realism in the play.

Other Recommended Contacts and Participants in the Operational Area

Expanding the exercise in your OA is strongly recommended and encouraged. The following entities should be considered for involvement in the exercise, if possible:

- ✓ MMRS (if applicable in the city/OA)

- ✓ Medical Reserve Corps
- ✓ Local law enforcement and FBI
- ✓ Local fire departments
- ✓ Local schools and/or school officials (even if only in a tabletop)
- ✓ Medical Examiner (Coroner)
- ✓ Environmental Health
- ✓ Public Utilities
- ✓ Others as identified by the scenario or the unique OA entities

Coordination with the Media

Collaborate with the local agencies'/department's Public Information Officer to define how the media will be addressed during the planning process (media or press releases), during the exercise (press briefings and conferences, written risk communication messages), and post exercise (communicating the success of your community-wide exercise). Prepare media releases in advance and sound bites can even be pre-recorded. For examples of Public Service Announcements and Media Advisories, see the Exercise Guidebook, PAGE 19 .

Scheduling Personnel, Space, and Equipment

It is recommended that facility and organization staff, assigned to the exercise, are notified well in advance to coordinate their schedules and plan for participation. For critical exercise positions or assignments, consider scheduling back-up staff that are also briefed and trained prior to the exercise.

- ❑ Announce the exercise date on local agencies/departments calendars, in-house publications or computer schedules so all involved personnel save the date when they are scheduling other activities.
- ❑ Identify and reserve the exercise location/space before the exercise.
- ❑ Assess the exercise area to make sure construction or other changes do not hinder the layout for performance of the exercise, e.g., removal of the phone lines from the room, or removal of the chairs and tables.
- ❑ Develop a checklist of the equipment you will need to support the exercise.
- ❑ Check all equipment for proper functioning and operation before the exercise.

Reporting Intent

Each participating entity should notify the Exercise Contact of its intent to participate and complete the "Intent to Participate" form (see PAGE 21 in the 2005 Statewide Medical & Health Disaster Exercise Guidebook). The "Intent to Participate" form does not ask for the level of exercise play in the organization, but only their intent to participate. The participating entity should fax the "Intent to Participate" form to the Exercise Contact by **August 26, 2005**. Upon receipt of the form, the Exercise Contact will compile the participant totals on the "Operational Area Intent to Participate" form (see Exercise *Toolkit*, PAGE 27).

The Exercise Contact will fax the "Operational Area Intent to Participate" form to the Regional Disaster Medical Health Specialist (RDMHS) no later than close of business on **September 9, 2005.** (See PAGE 28 in this toolkit for the listing of RDMHS contact and fax numbers).

Developing Local Scenarios
The scenario in the 2005 Statewide Medical & Health Disaster Exercise Guidebook details a sequence of events to be used by participants. This sequence provides the overall anticipated schedule of activities that all participants will incorporate into the community exercise. Local agencies and departments may plan an extended exercise scenario or alter the scenario to meet the needs of the OA or organization. Local agencies/departments will decide the scale and intensity of participation and their role in transmitting information from the healthcare providers to local government.

To assist hospital participants in planning and executing a facility-wide exercise, please see "Conducting the Exercise: Tips for Hospitals" in the Exercise Guidebook, PAGE 41.

Coordination with Auxiliary Communications Systems (ACS) Staff
In order to enhance the exercising of ACS staff and integrate ACS more closely into the exercise, two-way messages will be sent to and from the following: Facility to/from Op Area; Op Area to/from REOC. State OES will assist with the coordination of ACS play during this activity. A list of all OES ACS contacts can be found on PAGE 63 of the Guidebook; you are encouraged to make contact prior to the exercise and plan your activities. Note in the Exercise Guidebook that all facilities are encouraged to review their policies and procedures for authorizing and sending messages.

If there is an actual emergency during the exercise play, a message, "TIME OUT- All Transmissions Must Stop!" will be repeated three times and all ACS traffic will cease.

Recommended Exercise Day Activities

Pre-Exercise Survey of Resources
Changes often occur at the last minute and can interfere with a successful exercise. Organize a team of "checkers" who do nothing more than check facility readiness, materials, storage lockers, phones, fax machines and other communications systems the evening before and the morning of the exercise.

Briefing of Participants
Provide the participating staff job action sheets, background information, organizational charts, pertinent policies and procedures and role expectations before the exercise begins to increase participant comfort level and exercise success. At the minimum, the facility should be aware of the exercise in progress.

"This Is Only An Exercise!"
During the briefings, and throughout the exercise on November 17th, it is very important to stress that this is **only an exercise** to all participants and agencies/departments. Written materials and scripts should denote and emphasize this is only an exercise. Oral communications and instructions should reinforce the "exercise" status. This is a learning opportunity for the staff, the facility/organization and local government and can assist in assessing the effectiveness of the emergency management plan(s) and identify areas for improvement and refinement.

Terminating the Exercise for an Actual Emergency

Should there be a need to stop or "pause" the exercise due to an actual emergency situation or event, the State Exercise Control Cell will notify the RDMHS to terminate the exercise. The State Exercise Control Cell will give a "**Terminate the Exercise**" order and the exercise will be immediately terminated at the State and regional level. Each Operational Area Exercise Contact will be notified by the RDMHS to terminate the exercise.

It is recommended that the OA Exercise Contact **and** each participating organization establish a similar "Terminate the Exercise" command in the case of actual emergency or safety issue.

Reporting Situation/Status Information to the Operational Area (OA)

Each participating agency will compile situation and status information utilizing their own operational area forms and submit reports to the Operational Area officials according to OA policies.

The participants will begin transmitting their situation/status reports to the OA by 9:05 a.m. on the day of the exercise (see the exercise scenario).

RIMS: Reporting Operational Area Situation/Status into RIMS

Note: It is very important that the "**training**" section in RIMS is utilized to enter data during the exercise. When RIMS is accessed, be sure that you are in the TRAINING SECTION before data entry.

The Response Information Management System (RIMS) is an Internet based information management system and consists of a set of databases designed to collect information on the disaster situation, communicate action plans and receive mission requests. RIMS is accessed and utilized by operational areas, regional and State governmental agencies.

Important RIMS Tips and Considerations

- **RIMS Access Issues:**
  a. Established RIMS users have a password into RIMS and will log onto RIMS using their individual assigned access and password.
  b. If you do not have RIMS access, please contact Anne Bybee at the EMS Authority at anne.bybee@emsa.ca.gov for a temporary exercise-only password assignment and the procedure for obtaining RIMS access.
- An attempt will be made to schedule RIMS classes in September and October. Please check the EMSA website at **www.emsa.ca.gov** or email **anne.bybee@emsa.ca.gov** for more information.
- The **RIMS Situation AND the RIMS Event Reports** will be entered into RIMS before the exercise by the State Exercise Control Cell, and should not be re-entered by the operational area or local governmental agency. This will ensure that all RIMS entries will be entered into the disaster exercise fields.
- Please enter RIMS information only under the ***Status Report*** Field, not the Event or Situation report field.
- The Event is named: ***2005 Medical and Health Disaster Exercise***. It is very important to enter the Operational Area RIMS information under this event name and not a similar exercise/event/name. Do not create a new name for the exercise, but enter all data under this event name only.

On the day of the exercise, November 17, 2005, the Operational Area will enter information into RIMS at the following intervals:

- ❑ Enter an initial status report **within 30 minutes of the beginning of the exercise**, or at approximately 8:30 a.m. This initial report is a "snap-shot" of the status of and critical issues confronting the OA.
- ❑ Update and modify the initial report as additional information or resources are requested.
- ❑ Enter final exercise status information obtained from participants beginning at 11:00 am or later, compiling the information and reporting aggregate data.

Essential initial status (or "snap-shot") **information** to be entered into RIMS should include:

- ❑ Hospital Status (RIMS Status Report Number 8.b.)
- ❑ Estimated Casualties: Major and Minor (RIMS Status Report Number 7.a and b.)
- ❑ Overall Medical/Health Critical Issues (RIMS Status Report Number 19)
- ❑ Bed Availability (RIMS Status Report, Bed Availability, Resources Available)

Expanded and ongoing status information to be entered into RIMS may include, but not limited to:

- ❑ Hospital Status (RIMS Status Report Number 8.b.)
- ❑ Bed Availability for the next 8 and 24 hours (RIMS Status Report, Bed Availability, Resources Available)
- ❑ Estimated Casualties: Major and Minor (RIMS Status Report Number 7.a and b.)
- ❑ Status of SNF's, clinics and/or Field Treatment Sites (RIMS Status Report Number 9)
- ❑ Medical/Health Critical Issues (RIMS Status Report Number 19)
- ❑ Medical mutual aid needs for personnel, supplies and transport (RIMS Status Report Number 10)

Post-Exercise Critiques and Reporting

Exercise debriefings (critiques or "Hotwashes") should be conducted by each participating agency and a community-wide debriefing scheduled and conducted by the OA Exercise Contact. To assist the debriefing, there is a "hot wash" (or debriefing points) in this Exercise Contact Toolkit (see PAGE 29) to assist in the evaluation of the exercise. This "hot wash" information will also be needed for the regional and state "hot wash".

Considerations for "hot washes"/debriefings for the Exercise Contact include:

- ❑ Announce the debriefing meeting in advance of the exercise to facilitate participant attendance and preparation for the meeting.
- ❑ Distribute the hotwash/debriefing points in advance of the exercise to allow meeting participants to prepare critiques.
- ❑ Hold debriefing meetings in a convenient location in the community.
- ❑ Act as the facilitator and allow the participants from government and private sector organizations to discuss the successes, challenges and needed improvements identified during the exercise.
- ❑ Take meeting notes to be provided later to all participants as a feedback mechanism, including those participants who could not attend the critique.

- Develop a list of improvements needed and action items into three categories:
  - –Short Term (less than six weeks to accomplish)
  - –Mid Term (up to three months)
  - –Long Term (greater than three months)
- When possible, organize a work group to follow-up on the action items over the next three months,
- Remind exercise participants to complete the exercise evaluation answer sheets to receive a Certificate of Participation (see below).
- End the meeting on a high note and thank participants for their participation.

Participant Recognition
After the exercise, Certificates of Participation will be issued to all exercise participants upon completion of the online Exercise Evaluation forms. ONLY ONLINE SUBMISSION WILL BE ACCEPTED. Instructions for completion of the online evaluations will be provided by EMSA at a later date. To see a representation of the evaluation form information, see PAGES 23 – 40 of the Exercise Guidebook.

Additional Information
Should the Exercise Contact wish to have other organizations or people who facilitated the exercise to receive recognition and a certificate of participation or certificate of leadership, please contact Anne Bybee via email at anne.bybee@emsa.ca.gov.

End Notes
If you have any questions or inquiries about the 2005 Statewide Medical & Health Disaster Exercise, please contact your Regional Disaster Medical/Health Specialist (RDMHS) or Anne Bybee at anne.bybee@emsa.ca.gov.

EXERCISE OBJECTIVES

Hospital JCAHO Objectives

Objective I: [Joint Commission on Accreditation of Healthcare Organizations (JCAHO) EC 4.10.2 and EC 4.10.15 and Title 22 70741(b)]
Assess the facility's integration and participation in community-wide emergency management program for preparedness, planning and response. This integration includes area hospitals, public health, public and private emergency medical services (EMS) providers, law enforcement and emergency managers. As a result of this assessment, create collaboration and relationships with important providers to prepare for the exercise and any actual event.

Objective II: [JCAHO EC 4.10.2 and EC 2.9.1]
Implement the facility's emergency preparedness response plan using a recognized incident command system (preferably the Hospital Emergency Incident Command System, or HEICS). Participation in this exercise meets the California Title 22, 70741(d) and JCAHO EC 2.9.1. The Emergency Management Plan must be exercised at least twice per year.

Objective III: [JCAHO EC 4.10.8]
Assess the status of your facility and communicate that status to appropriate governmental agencies within the operational area, utilizing hospital communication systems, if applicable.

Objective IV: [JCAHO EC 4.10.10]
Assess the ability to respond to a public health emergency due to a terrorism IED event, including staff and current patient safety, and security of the facility.

Objective V: [JCAHO EC 4.10.18]
Implement alternate communication systems to contact public/private medical and health officials, including local government, "sister" and other supportive area facilities or hospitals.

Objective VI: [JCAHO EC 4.10.13]
Assess the response facility's capability of managing a large influx of patients and inpatient bed overcrowding, clear beds as needed and test the plans and procedures to activate alternate care sites.

Objective VII: [JCAHO EC 4.10.10]
Assess the response capability of managing scarce resources (including durable medical equipment, blood products, staff).

Objective VIII: [JCAHO EC 4.10.10]
Develop risk communication messages consistent with local authorities in a rapid and timely manner for internal and external dissemination.

EXERCISE OBJECTIVES (continued)

Hospital Transfusion Service Objectives

Objective I:
Implement the Transfusion Service Emergency Plan (in conjunction with Hospital Emergency Incident Command System).

Objective II:
Actively monitor blood product inventory and follow established protocols for communicating that information to the Operational Area EOC via HEICS, and your primary blood supplier.

Objective III:
Communicate with ED physicians/RNs to determine anticipated ETA of injured, number of injured, types of injuries, early estimate of types and quantities of blood products that may be required.

Objective IV:
Utilize alternate communication systems to reach primary blood supplier to notify regarding anticipated amount and types of blood product.

Objective V:
Assess ability to manage incoming blood inventory and compatibility testing; and technologist call-back.

Objective VI:
Communicate with pre-determined local 'sister' hospitals for inventory status and options for transport methods and timelines of inventory transfers.

Ambulance Objectives

Objective I:
Implement the provider's emergency preparedness response plan using a recognized incident command system.

Objective II:
Dispatch will be kept apprised of ambulance status and communicate that status to appropriate local governmental agencies within the operational area, utilizing appropriate communication systems, if applicable.

Objective III:
Assess the ability to manage transportation of mass influx of patients due to blast injuries resulting from a terrorist-detonated IED, including the coordination of patient transportation destinations with healthcare facilities. Determine how patient tracking will be conducted.

EXERCISE OBJECTIVES (continued)

Auxiliary Communications Systems (ACS) Objectives

Objective I: (Pre-Exercise)
Coordinate with local auxiliary communications radio operators on frequencies, protocols and forms used during an exercise/actual event.

Objective II:
Auxiliary Communication Systems (ACS) and redundant communications are coordinated with local Amateur Radio Operators familiar with using established frequencies, protocols and data collection/reporting forms.

Objective III:
Two-way communication messages are smoothly passed between regional and operational area providers.

Objective IV:
Appropriate frequencies are known and remain clear for communication of two-way messaging and data transfer.

Objective V:
Asses specific Policies & Procedures for the authorization and tracking of messages.

Operational Area Emergency Operations Center Objectives

Objective I:
Assess the Operational Area's ability to collect timely, accurate and appropriate data from participants, including situation and status reports and incident specific RIMs forms.

Objective II:
Implement EOC procedures and mechanisms for managing an IED event, including the procurement, management and allocation of scarce resources within the Operational Area.

Objective III:
Demonstrate the ability to access, enter data into and transmit Response Information Management System (RIMS) data to regional and state medical and health authorities.

Objective IV:
Activate auxiliary communications systems and pass two-way messages to Operational Area and Regional providers.

Objective V:
Develop risk communication messages consistent with appropriate public health and hospitals in a rapid and timely manner for internal and external dissemination.

EXERCISE OBJECTIVES (continued)

Clinic Objectives

(includes Community Health Centers, Urgent Care Clinics and Indian Health Centers)

Objective I:
Implement the facility's emergency preparedness response plan (or emergency management plan), preferably using a recognized incident command-based system. (See glossary for the Hospital Incident Command System)

Objective II:
Assess the status of your facility and communicate that status to appropriate governmental agencies within the operational area, utilizing appropriate communication systems, if applicable.

Objective III:
Assess the status of your facility and communicate that status to appropriate hospital(s).

Objective IV:
Assess the response facility's capability of managing a large influx of patients and to consider accepting non-acute care hospital transfers during this public health crisis.

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EXERCISE DAY SCENARIO
8:00 a.m. until 12:00 p.m.

Note: Facilities may adapt the scenario and/or identify recipients of the exercise message traffic to meet their training objectives.

BACKGROUND SCENARIO

This morning, a high profile and controversial political figure is scheduled to host a public forum on a controversial issue. This event will be held at a local auditorium, which can seat approximately **[insert number]** and will be nationally televised. To ensure the event runs smoothly and efficiently, many additional resources have been secured. Resources include: first aid stations and onsite ALS and BLS ambulances; security and traffic control personnel; a designated media area; shuttle buses; and on/off site parking areas, with attendants. Opening commentary is scheduled to begin at 7:30 a.m. The speech will begin at 8:00 a.m.

Due to the nature of the topic, the event brings together a vast array of people. All are eager to hear what the political figure has to say, but even more so to get their questions answered.

8:00 a.m. The Exercise Begins

Patients, hospital and ED staff are watching the commentary on televisions throughout the hospital. At 8:00 a.m. the speaker is introduced. As the speaker reaches the podium, a massive explosion occurs inside the auditorium. Mass hysteria and panic among spectators ensues and news commentators struggle to describe the situation.

The number of casualties is unknown at this time; ED staff begins to anticipate the arrival of trauma and burn patients.

Cellular and landline 9-1-1 calls begin flooding into CHP and local dispatch centers.

Considerations and Decisions:

- ☐ *Should you consider implementing security measures at your facility?*
- ☐ *What are the triggers that implement HEICS in your facility?*
- ☐ *When, and who activates the high-census (surge) plan to free up or add patient beds to accommodate the anticipated influx of patients?*
- ☐ *Local EMS alert or County EMS DOC?*

8:02 a.m.

At 8:02 a second IED detonates in one of the on-site medical aid stations. As hospital staff watch events unfold, news of the second explosion is announced. News reports estimate numerous casualties.

Considerations and Decisions:

- ☐ *Does the hospital/ambulance agency have an emergency call down procedure to increase ED and essential hospital staff?*
- ☐ *Does hospital have a security or lockdown procedure to protect the hospital and staff?*
- ☐ *Consider activation of HEICS.*

8:04 a.m.

A third explosion on a main thoroughfare to the event detonates.

Staff is exhibiting signs of distress at the possibility of loved ones being casualties of the event.

Considerations and Decisions:

- ☐ *How does your organization deal with staff concerns at the possibility of family members being casualties of the event?*
- ☐ *How does the hospital allocate scarce resources when confronted by this potential mass casualty incident?*
- ☐ *How does the hospital procure additional resources (e.g. staffing including burn specialists, blood, trauma and burn supplies, body bags, inpatient beds, emergency department and/or operating room beds, morgue refrigeration units)?*
- ☐ *Does your organization have, and is it in the process of initiating, enhanced security procedures from color-coded Homeland Security Assessment System – Critical Infrastructure Protection (HSAS-CIP) guidelines?*

8:10 a.m.

Law enforcement establishes a secure perimeter surrounding the area. Residents within that perimeter are being evacuated. Fire and EMS crews begin arriving at staging areas outside the auditorium. News reporters and helicopters surround the area. Local law enforcement are contacting the Federal Aviation Administration (FAA) to request a no-fly zone over the area.

8:15 a.m.

EMS has established nearby off-site staging areas. During the panic, fleeing spectators see the staged emergency vehicles and mob the offsite staging area, insisting on medical aid. Immediate EMS resources become overwhelmed and additional assistance is needed.

Considerations and Decisions (for on-scene 1st responders)**:**

- ☐ *Are evidence preservation protocols known or in place?*
- ☐ *Does ambulance agency dispatch a medical supervisor to large scale incidents?*
- ☐ *Are potential communication issues and contingency plans in place?*
- ☐ *Consider specialized PPE requirements.*
- ☐ *Have designated egress routes been identified?*
- ☐ *Does ambulance provider have an in-field re-supply plan?*
- ☐ *Does ambulance provider have chain of command procedures?*

Patients begin arriving at the ED and local clinics with a variety of blast injuries and are in a state of shock and panic.

Considerations and Decisions :

- ☐ *Clinics may be just opening for business – is your emergency plan in place for obtaining additional staff?*
- ☐ *Does your agency have a credentialing procedure for convergent volunteers?*

8:20 a.m.

Local Department Operations Centers (DOC) and the Operational Area EOC activate. *(optional)*

Landline and cellular telephone lines are operational but circuits are overloaded and local officials may decide to declare that phone communications are now "non-functional". If that declaration is made, then the facility should activate their back-up communications system such as commercial radio or amateur radio, or else request that alternative communications resources be made available to the facility.

High census plans are activated and all in-patients assessed for possible discharge or transfer; elective surgeries and procedures are cancelled. Overall, the hospital is short-staffed as several staff had taken scheduled time off, or called in sick, to attend the forum.

To respond to the surge of patients, plans to augment staff and maximize current staffing resources are activated, including:

- ✓Activation of call-back of staff
- ✓Alteration of shift times, including implementation of 12-16-hour shifts
- ✓Pre-scheduling staff to alternate shifts, or notify of standby status, (a.m., p.m., noc) to maximize allocation of current resources and ensure 24-hour-a-day staffing
- ✓Are the morgue and refrigeration units cleared?

Considerations and Decisions :

- *Consider the possibility that the telephone company may shut down service to avoid circuit overload; request your phone service remains operational on an 'essential services' basis.*
- *Has your facility EOC been activated?*
- *Validate and/or activate backup communication system for call-back of staff.*

8:50 a.m.

The local health officer declares a local medical emergency based on the large (and increasing) number of patients, and the early recognition that additional resources will be needed.

The local ED and corresponding clinics are fully impacted. Physicians are ordering blood products for patients.

Considerations and Decisions:

- *What backup communication mechanism does the clinic have with the acute care hospital to alert them of incoming patients?*
- *What internal procedure(s) or plan(s) should the clinic activate in this situation?*
- *What other resources does the clinic require for the patient until EMS can arrive to transport the patients to the acute care hospital?*
- *How does the clinic communicate with local public health to notify them of the patients and to receive assistance?*
- *Does the clinic use ICS?*
- *Do clinics have procedures for dealing with mental health concerns?*
- *Does the clinic have procedures for canceling scheduled appointments?*
- *Consider protocols for notification to blood supplier.*

8:55 a.m.

The Mayor's Office receives a call from the Universal Adversary (a known terrorist organization) claiming responsibility for the bombings. Media has already begun to ask questions and is demanding information at the hospitals.

Because the event has a terrorism component, local AND national media are intent on "scooping" the story and media are quickly arriving at hospitals, clinics and the local health department to interview staff and victims.

A decision is made to advise the public that this event is the result of terrorism. Public alerts to media need to be written. These messages must be well scripted to not evoke public panic.

8:55 a.m. (continued)

Considerations and Decisions :

- *What information should be presented to the public?*
- *What instructions should be given to the public?*
- *Does your agency or hospital have pre-scripted risk communication messages for this public health emergency? If not, what is your process for quickly developing these messages?*
- *What steps have been taken to ensure a consistent message among the healthcare community and all levels of government agencies/officials?*
- *What community or governmental agencies will participate in the press conferences (public health, hospital officials, local government, physicians, EMS, public safety)?*
- *Who is the most appropriate person(s) to represent the healthcare facility at the press conference(s) and who makes this decision? How often should the press conferences be scheduled?*
- *Where will the press conferences be convened within the community? Who decides the location?*
- *Who is the "lead" agency for the press conferences?*

A press conference is scheduled for 11:00 a.m. with the mayor, the health officer, appropriate hospital and clinic representatives and local public safety officials.

9:05 a.m.

The Operational Area (OA) is reporting the following statistics to the REOC*:
(Note: Please customize the OA statistics to simulate mass casualty event and capacity overload. Participants may simulate the statistics to meet individual needs for exercise play.)

Statistics for the Operational Area (county):

Number of patients admitted with blast injuries: _____

Number of patients waiting to be seen: _____

Estimated number of persons that may require hospitalization: _____

Number of available beds: _____

Number of operating rooms available: _____

Emergency Department space: _____

Number of patients being seen at clinics: _____

Number of clinic patients awaiting transport to hospitals: _____

Number of deceased (coroner/ME confirmation): _____

Capacity for refrigeration units in morgues (hospitals, et al)? _____

Blood products (RBC, platelets, plasma) anticipated needs: _____

Anticipated resource needs: _____

9:05 a.m. (continued)

Auxiliary Communication Systems (ACS) plans are activated. Local ACS members respond to provide critical communications as per current plans and procedures.

(The focus of the two-way messages is to encourage traffic between the Operational Areas to the Region and Region to State. However, local ACS provider may utilize the messages to stimulate traffic among healthcare providers (hospitals, EMS, clinics, etc.) and the OA EOC or other appropriate agencies.)

Telephone services cannot accommodate the surge of calls and the phone system is shut down. The loss of phone lines also interrupts communications with the California Health Alert Network (CAHAN). The hospitals, clinics, EMS providers, public health and Operational Area EOC are unable to place or receive calls.

A bomb squad with bomb-sniffing K-9s has arrived on site and begin the clearing process.

Considerations and Decisions:

- ☐ *What other redundant communication systems exist at the facility, agency and local level to continue communications during the emergency?*
- ☐ *What agencies can be contacted to provide additional security for critical clinic facilities?*
- ☐ *What community resources can be utilized to assist in patient management, including mental health issues?*
- ☐ *How is your organization dealing with the mental health concerns of the staff and the public?*

10:00 a.m.

anticipated The bomb squad has cleared the venue of any other IEDs.

The Medical and Health Operational Area Coordinator (MHOAC) requests a status update from hospitals, to include (but not limited to) bed availability, estimated numbers of patients, critical issues, equipment status, and equipment needs.

10:15 a.m.

The hospital has nearly depleted its blood, platelets and plasma products supplies as well as trauma and burn supplies. Clinics are calling the local hospital(s) requesting disposable supplies (i.e., IV tubing, bandaging supplies, burn sheets, etc.) The hospitals state that they do not have means to transport supplies nor supplies to spare. Hospitals and clinics construct contingency plans to address the upcoming critical shortages. Vendors are contacted to provide the additional supplies and equipment. Blood center is advised of blood product needs.

Considerations and Decisions:

- ☐ *Activate current processes and procedures to procure essential resources needed currently and within 12 hours.*
- ☐ *Is there a plan to ration resources?*
- ☐ *What are the proper channels of communication and who or what agency is contacted to obtain those resources?*
- ☐ *Request trauma and burn caches supplies*
- ☐ *What non-medical resources may be needed? (sanitation, water, transportation, security)*
- ☐ *What resources and mechanisms are available to procure the needed supplies and equipment; and, who or what agency is contacted to provide those resources:*
  - o *Intra-hospital or Inter-hospital resources*
  - o *Community (contract) resources*
  - o *City and County resources, including the MHOAC*

The intensive care unit(s) within the hospital is at capacity and there are no additional Intensive Care Unit (ICU) beds. The ED is holding _____ patients (insert appropriate number of ED patients to increase strain on resources) awaiting inpatient beds, including ICU, telemetry and medical-surgical.

Considerations and Decisions:

- ☐ *What internal policies and procedures does your facility have for security and containing the influx of patients into the facility?*
- ☐ *Are agreements in place to provide additional security for critical clinic facilities?*
- ☐ *What community resources can be utilized to assist in patient management, including mental health issues?*
- ☐ *Consider calling in various clergy members*

The influx of patients presenting to the ED continues in a steady stream, overwhelming resources, including staff (all levels of healthcare providers), lack of ED space, patient care equipment (gurneys, oximeters, ventilators, burn beds) and supplies (medications, patient care supplies).

10:15 a.m. (continued)

Considerations and Decisions:

- *What procedures or plans does the hospital have to expand treatment area space?*
- *If you received a Casualty Management Shelter from the HRSA funds, set the tent up and utilize it in the exercise*
- *What is the procedure for exempting the facility from DHS licensing and certification for the nurse staffing ratios during this emergency?*
- *What additional areas within or outside of your facility can be used to provide patient care?*
- *What is your procedure for notifying DHS Licensing and Certification about plans to utilize alternate care sites?*
- *What identification and information will you need from the public health investigators on arrival to the hospital?*
- *What access will the investigators have to hospital records?*
- *Have patient tracking procedures been adequate?*

_____ patients (*insert number to stress the facility and coroner system*) have died and are awaiting coroner/ME to investigate and remove the bodies. The hospital must identify a secure area to hold the bodies until they arrive. Law enforcement and FBI are at the hospital demanding to interview victims, families and review medical records. Family members of the casualties arrive, seeking information and to see their loved ones.

Considerations and Decisions:

- *What are your hospital policies on: interacting with law enforcement, evidence collection, and protecting patient privacy?*
- *What identification and information will you need from the investigators on arrival to the hospital?*
- *Where will you stage law enforcement officials within your facility to allow for interviews but not congest patient care areas?*
- *What is the back up plan to store bodies when the morgue is not adequate size or capacity?*
- *Are the bodies considered "evidence", and if so, what special precautions should be taken for disposition of remains?*
- *HIPPA requirements and internal protocols regarding releasing names of patients and deceased.*

10:30 a.m.

Many patients will need weeks to months of supportive care before recovery. Scarce resources and patient management will be long-term issues for the facility and the community.

Considerations and Decisions:

- ☐ *What are the extended care implications for your organization?*
- ☐ *What recovery and mitigation efforts can you take now to reduce the impact of this event?*
- ☐ *As an acute care facility, have you integrated ancillary care facilities into your plans to accommodate a surge of patients?*
- ☐ *As an ancillary care facility (e.g. skilled nursing facility), does your emergency management plan integrate and coordinate with acute care facilities to accommodate a surge of long-term care patients in the community?*

Hospitals, clinics, EMS, and local public health construct contingency plans to address the upcoming critical shortages. Vendors are contacted to provide the additional supplies and equipment.

10:45 a.m.

The FBI contacts your facility, stating they have received a credible threat that an IED may have been placed somewhere in your facility **(this is an optional participatory item).**

- ☐ *Review the Bomb Threat Report Form Checklist and Mailroom Bomb Threat Procedures*
- ☐ *What are your procedures for notification of law enforcement?*
- ☐ *Who is in charge until law enforcement arrives?*
- ☐ *If law enforcement asks you to assist in the search of your facility, what are your procedures?*
- ☐ *What is your plan/policy regarding the use of radios/pagers while searching for a possible IED?*
- ☐ *What recovery and mitigation efforts can you take now to reduce the impact of this event, should an IED detonate?*

11:00 a.m.

The influx of patients presenting to the ED continues in a steady stream, overwhelming resources, including staff (all levels of healthcare providers). There is a general lack of ED space, patient care equipment and supplies.

The mayor's press conference is held as planned and announces that the cause of the IEDs is from the Universal Adversary terrorist group. The public is asked to report all suspicious looking packages or items and to be observant for any persons or behavior looking out of place.

All facilities, agencies and providers report status to the OA. The OA and EOC compile the reports, enter information into RIMS and place mission requests as appropriate.

The Regional Emergency Operations Center (REOC) begins to receive reports from the OA and relays the information and resource requests to the Joint Emergency Operations Center (JEOC) and the State Operations Center.

12:00 p.m. THE EXERCISE ENDS

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Emergency Medical Services Authority
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OPERATIONAL AREA INTENT TO PARTICIPATE

The Medical/Health Exercise Contact will complete this form and fax to your Regional Disaster Medical/Health Specialist (listed on PAGE 28)
by FRIDAY, September 9, 2005

Operational Area (County): _____

Operational Area Medical/Health
Exercise Contact Name: _____

Address: _____

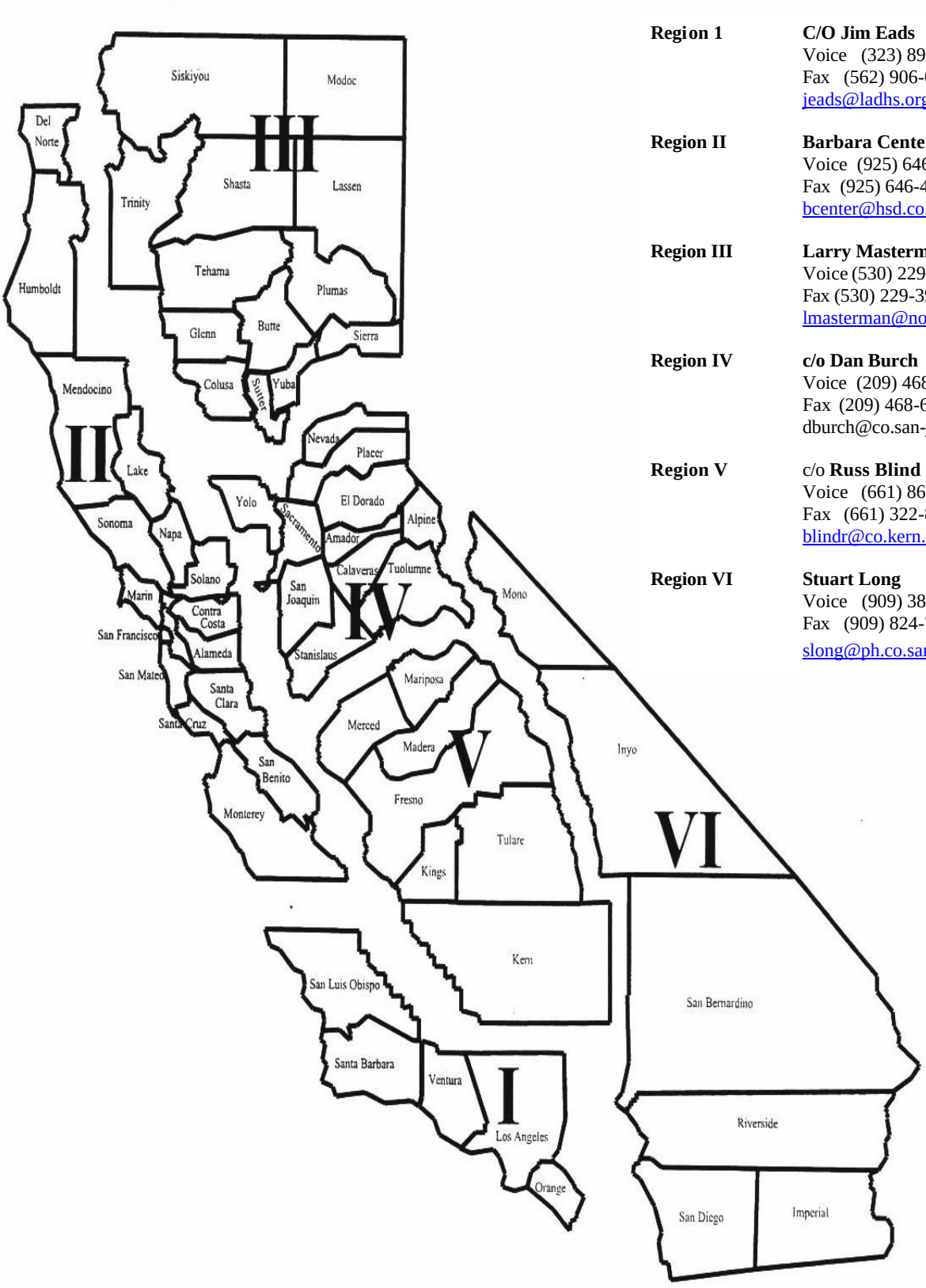
City: _____ Zip: _____

Telephone #: _____ Fax #: _____

E-mail: _____

Operational Area Agencies	Intent to Participate in the Operational Area Exercise (Check One Column)		
	Yes, Will Participate		No, Will Not Participate
Local Emergency Medical Services Agency			
Local Health Officer/Public Health			
Operational Area Disaster Medical/Health Coordinator			
Local Office of Emergency Services			
Auxiliary Communications Systems			
Other- Specify:			
Operational Area Participants	**Total # in County**	**Yes, will Participate (# Participating)**	**No, Will Not Participate**
Hospitals: Acute Care			
Other Healthcare facilities (SNF)			
Psychiatric Hospitals, facilities			
Clinics			
Other (specify):			
Ambulance Providers and Agencies:			
ALS			
BLS			
Other- Specify:			
Other- Specify:			
Other- Specify:			
Other- Specify:			

Mutual Aid Regions and RDMHS Staff



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Region III — **Larry Masterman**
Voice (530) 229-3979 ext. 206
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lmasterman@norcalems.org

Region IV — **c/o Dan Burch**
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dburch@co.san-joaquin.ca.us

Region V — c/o **Russ Blind**
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Fax (661) 322-8453
blindr@co.kern.ca.us

Region VI — **Stuart Long**
Voice (909) 388-5823
Fax (909) 824-7515
slong@ph.co.san-bernardino.ca.us

"Hotwash"

After-Action Debriefing

This is a suggested list of questions recommended for incorporation into the debriefing or "hotwash" for the exercise participants. Please elicit as much detail as possible and compile the information.

It is recommended to appoint one person to conduct the debriefing and to moderate as required. A scribe can be directed to track and document comments and recommendations made by the participants during the hotwash. The Operational Area (County) Disaster Medical/Health Exercise Contact, or designee, should compile and submit the hotwash information to the Regional Disaster Medical/Health Specialist (RDMHS) during a regional hotwash to be announced at a later date.

It is suggested to schedule the operational area debriefing no later than December 10, 2004 or as soon as possible after the exercise.

Debriefing Questions

1. Was the information contained in the Disaster Exercise Guidebook clear and concise? What changes/additions would you suggest?

2. Was the "Intent to Participate" form user friendly? Would you suggest any additions or deletions?

3. Were the "Exercise Objectives" clear and applicable to a potential real life situation?

4. Was the "Exercise Scenario" realistic, useful and clear?

5. Did you change or expand the exercise scenario to meet the needs of your facility? If so, how?

6. What items/sections of the Disaster Exercise Guidebook were not helpful?

7. Any suggestions for improvement in any of the items or sections of the Disaster Exercise Guidebook?

8. Were the pre-exercise time frames/expectations reasonable? What would you do differently?

9. Did you utilize the "Sample PIO Media Advisory? Was it worthwhile having as a reference in the Exercise Guidebook?

10. Did you test communication systems?
    a. Did you use an alternative communication system during the exercise (i.e. ACS)?
       If yes:
       i. Describe the benefits and/or problems with data transmission via ACS radio.
       ii. Were two-way messages sent and received?
       iii. Was the specific information requested from hospitals, ambulance providers and others useful?
       iv. What would you add/delete?
       v. How would you resolve any problems or issues in the future?
    b. Did you use other communication technologies during the exercise (i.e. fax, email, internet, etc.)?
       If yes: What were the benefits and what worked well?
       What did not work well, what problems or issues did you have?
       How would you resolve any problems or issues in the future?

11. Describe the use of the Response Information Management System (RIMS) in your county.

    a. Where and by whom was the information entered into RIMS?
    b. Was the information requested from the hospitals pertinent to the situation and helpful to you?
    c. Will the overall medical/health information requested on the RIMS forms be pertinent in a real life situation?
    d. What suggestions would you offer for revisions to the medical/health RIMS data?
    e. What training, administrative or logistical issues need to be addressed?

    f. If the Operational Area's Emergency Operations Center was activated:

    g. Was the interaction with disaster management officials at the operational area's EOC useful and provide you with direction, information and assistance?
    h. Describe your interaction with the EOC in your operational area.
       i. What worked well?
       ii. What could be improved?

    i. What training issues or points did you identify during the exercise that needs to be addressed before the next exercise/actual event?

    j. Was the Exercise Contact Toolkit helpful?

    k. Did you utilize the Toolkit in preparing for the Exercise?
    l. How could the Toolkit be improved next year?

    m. Any other issues or items for the debriefing?

GLOSSARY of TERMS

Incident Command System (ICS)	The nationally used standardized on-scene emergency management concept is specifically designed to allow its user(s) to adopt an integrated organizational structure equal to the complexity and demand of single or multiple incidents without being hindered by jurisdictional boundaries. ICS is the combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure, with the responsibility of managing resources to effectively accomplish stated objectives pertinent to an incident.
Long-Term Care Facilities	A collective term for healthcare facilities designated for the care and treatment of patients or residents requiring rehabilitation or extended care for chronic conditions. The Department of Health Services, Licensing and Certification Division licenses these facilities.
Medical and Health Operational Area Coordinator (MHOAC)	The MHOAC is responsible for coordinating mutual aid resource requests, facilitating the development of local medical/health response plans and implementing the medical/health plans during a disaster response. During a disaster, the MHOAC directs the medical/health branch of the Operational Area EOC and establishes priorities for medical/health response and requests. This coordinator was formerly known as the Operational Area Disaster Medical/Health Coordinator.
NIMS	The National Incident Management System, developed under Homeland Security Presidential Directive 5, provides a consistent nationwide approach for federal, state, local and tribal governments to work effectively to prepare for, respond to and recover from domestic incidents.
Operational Area	An intermediate level of the State emergency services organization, consisting of a county and all political subdivisions within the county.
Regional Emergency Operations Center (REOC)	The Regional Emergency Operations Center (REOC) is the first level facility of the Governor's Office of Emergency Services to manage a disaster. The REOC provides an emergency support staff operating from a fixed facility, which are responsive to the needs of the operational areas and coordinates with the State Operations Center.

GLOSSARY of TERMS

Regional Disaster Medical and Health Coordinators (RDMHC)	At the regional level, EMSA and DHS jointly appoint Regional Disaster Medical and Health Coordinator (RDMHC) whose responsibilities include supporting the mutual aid requests of the MHOAC for disaster response within the region and providing mutual aid support to other areas of the state in support of the state medical response system. The RDMHC also serves as an information source to the state medical and health response system.
Regional Disaster Medical Health Specialist (RDMHS)	The RDMHS is a full-time position funded by EMSA and CDHS to provide the day-to-day planning and coordination of medical and health disaster response in the six mutual aid regions. During disaster response, the RDMHS is the key contact for Op Areas to request and/or to provide medical and health resources.
RIMS (Response Information Management System)	California's Response Information Management System (RIMS) is an internet-based system used to coordinate and manage the State's response to disasters and emergencies. RIMS automates the State's Standardized Emergency Management System (SEMS).
Standardized Emergency Management System (SEMS)	SEMS is the emergency management system identified by Government code 8607 for managing emergency response to multi-agency or multi-jurisdictional operations. SEMS is based on the Incident Command System and is intended to standardize response to emergencies in California.
State Operations Center (SOC)	The SOC is established by OES to oversee, as necessary, the REOC, and is activated when more than one REOC is opened. The SOC establishes overall response priorities and coordinates with federal responders.
Terrorism	The calculated use of violence or the threat of violence to attain goals that are political, religious or ideological in nature. This can be done through intimidation, coercion or instilling fear. Terrorism includes a criminal act against persons or property that is intended to influence an audience beyond the immediate victims.

2005 Statewide Medical and Health Disaster Exercise
Emergency Medical Services Authority
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Exercise Contact Toolkit

Operational Area (County) Medical/Health Exercise Contacts

COUNTY	CONTACT NAME, TITLE & ADDRESS	CONTACT INFORMATION
Alameda Minimally Statewide; GOLDEN GUARDIAN	Jim Morrissey Alameda EMS 1000 San Leandro Blvd. Ste 100 San Leandro, CA 94577	Phone: 510-618-2036 Fax: 510-618-2099 Pager: 415-208-0936 Email: jim.morrissey@acgov.org
Alpine Amador Calaveras Stanislaus	Doug Buchanan Deputy Director Mountain Valley EMS 1101 Standiford Avenue Modesto, CA 95350	Phone: 209-529-5085 Fax: 209-529-1496 Email: dbuchanan@mvemsa.com
Butte	Dr. Mark Lundberg Health Officer 202 Mira Loma Oroville, CA 95965	Phone: 530-538-7581 Fax: 530-538-2165 Email: mlundberg@buttecounty.net
Colusa	Georgeanne Hulbert 251 E. Webster Street Colusa, CA 95932	Phone: 530-458-0380 Fax: 530-458-4136 Email: ghulbert@colusadhhs.org
Contra Costa GOLDEN GUARDIAN ONLY	Dan Guerra Contra Costa EMS 1340 Arnold Drive, Ste. 126 Martinez, CA 94590	Phone: 925-646-4690 Fax: 925-646-4379 Email: DGuerra@hsd.co.contra-costa.ca.us
Del Norte	Kathy Stephens Del Norte County Health Dept. 880 Northcrest Drive Crescent City, CA 95531	Phone: 707-464-7227 (3191) x308 Fax: 707-465-6701 Email: kstephens@co.del-norte.ca.us
El Dorado	Margaret Williams Public Health Dept. 415 Placerville Drive, Suite R Placerville, CA 95667	Phone: 530-621-6243 Fax: 530-621-4781 Email: mwilliams@co.el-dorado.ca.us

Operational Area (County) Medical/Health Exercise Contacts

Central California EMS Agency (Fresno, Kings, Madera, Tulare)	Lee Adley PO Box 11867 Fresno, CA 93775	Phone: 559-445-3387 Fax: 559-445-3205 Email: Ladley@fresno.ca.gov
Glenn	Grinnell Norton Public Health 240 N. Villa Avenue Willows, CA 95988	Phone: 530-934-6588 Fax: 530-934-6463 Email: gnorton@glenncountyhealth.net
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Imperial	John Pritting 935 Broadway El Centro, CA 92243	Phone: 760-482-4468 Fax: 760-482-4519 Email: johnpritting@imperialcounty.net
Inyo	Tamara Cohn PO Box Drawer H Independence, CA 93526	Phone: 760-878-0232 Fax: 760-878-0266 Email: inyohhs@qnet.com
Kern	Russ Blind Senior Coordinator 1400 H Street Bakersfield, CA 93301	Phone: 661-868-5201 Fax: 661-322-8453 Email: blindr@co.kern.ca.us
Lake	Craig McMillan Lake Co. Dept. of Health 922 Bevins Court Lakeport, CA 95453	Phone: 707-263-1090 Fax: 707-262-4280 Email: craigm@co.lake.ca.us
Lassen	Chip Jackson OES 220 S. Lassen, Suite 1 Susanville, CA 96130	Phone: 530-251-8222 Fax: 530-257-9363 Email: sheriff@co.lassen.ca.us
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Marin	Troy Peterson, MHOAC Division of Public Health 20 North San Pedro # 2004 San Rafael, CA 94903	Phone: 415-499-3287 Fax: 415-473-2326 Email: tpeterson@co.marin.ca.us
Mariposa	Dana Tafoya Mountain Valley EMS 1101 Standiford Ave Modesto, CA 95350	Phone: 209-966-3689 Fax: 209-966-4929 Email: dtafoya@mvemsa.com

Operational Area (County) Medical/Health Exercise Contacts

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Napa	Bonny Martignoni Coastal Valley EMS/Napa 1721 First St. Napa, CA 94559	: 707-253-4345 Fax: Fax: (707) 259-8112 Email: bmartign@co.napa.ca.us
Nevada	Andrea Straatemeier Community Health 10433 Willow Valley Road Nevada City, CA 95959	Phone: 530-265-7174 Fax: 530-265-1426 Email: henry.foley@co.nevada.ca.us
Orange	Bryan Hanley Disaster Coordinator 405 West Fifth Street, Suite 301A Santa Ana, CA 92701	Phone: 714-834-3124 Fax: 714-834-3125 Email: bhanley@hca.co.orange.ca.us
Placer	Young Rodriguez Placer County OES 2968 Richardson Street Auburn, CA 95603	Phone: 530-886-5300 Fax: 530-886-5343 Email: yrodrigu@placer.ca.gov
Plumas	Tina Venable Health Dept. PO Box 3140 Quincy, CA 95971	Phone: 530-283-6346 Fax: 530-283-6110 Email: tinavenable@countyofplumas.com

Operational Area (County) Medical/Health Exercise Contacts

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San Bernardino	Marlene Goodell Medical/Health Disaster Coordinator 351 N Mountain View San Bernardino, CA 92415-0010	Phone: 909-387-6835 Fax: 909-387-0126 Email: mgoodell@dph.sbcounty.gov
San Diego	Jeri Bonesteele 6255 Mission Gorge Road San Diego, CA 92120	Phone: 619-285-6505 Fax: 619-285-6531 Email jeri.bonesteele@sdcounty.ca.gov
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San Joaquin	Darrell Cramphorn San Joaquin EMS PO Box 1020 Stockton, CA 95201	Phone: 209-468-6818 Fax: 209-468-6725 Email: dcramphorn@co.san-joaquin.ca.us
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Operational Area (County) Medical/Health Exercise Contacts

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Tuolumne	Kathy Amos Tuolumne EMS 20111 Cedar Road North Sonora, CA 95370	Phone: (209) 533-7403 Fax: 209-533-7406 Email: dburch@co.tuolumne.ca.us
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November 17, 2005
Exercise Contact Toolkit

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